## **Hartford Board of Assessment Appeals**

Pursuant to P.A. 95-283, of the State of Connecticut, an application to appeal an assessment must be filed: **on or before February 20, 2006** 

Applications may be sent to:

## Highlighted sections must be completed.

The Board of Assessment Appeals does not have to give a hearing to incomplete applications. Please print or type.

Hartford Board of Assessment Appeals c/o Assessor's Office 550 Main Street Room 106

**Application to Appeal** 

Hartford, CT 06103 Fax Number (860) 722-6142

Property Owner:			Grand List of:		List Number:		
			Property Description:				
Name							
Address			No. & Street				
City/State/Zip			Map/Block/Lot			(if available	
Appellant:			Property Type	Residential	Commercial	Industrial	
Name				Apartment	Motor. Veh.	Pers. Prop.	
Address			Reason for appea	ıl:			
City/State/Zip							
	Correspondence & Contact:						
Name							
Address							
			А	ppellant's est	imate of value:		
City/State/Zip			1				
Phone No.			(attac	ch documentatio	n of value, if applicabl	le)	
	f Property owner or duly authorized	l agent (attach e	vidence of authorizat	tion)	Dai	te	
X				<u> </u>			
				Time			
Board of Assessment Appeals appointment:			Date		Place		
Appeal Summary	<u>'</u>						
Assessments	Grand List	Boa	Board of Assessment Appeals				
Land					_		
Building					_		
Total					_		
Motor Vehicle					_		
Personal Property					_		
Board of Assessment	Appeals: (signatures)				_		
X X							
X		Х					
X		Date of Bo	Date of Board's Decision:				